County: Sauk
EDWARD SNYDER MEMORIAL NURSING HOME
1104 21ST STREET
REEDSBURG 53959 Phone: (

REEDSBURG 53959 Phone: (608) 524-6487
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/00): 50
Total Licensed Bed Capacity (12/31/00): 50
Number of Residents on 12/31/00: 49

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Average Daily Census:

Nonprofit Church-Related Skilled No

No

49

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	 %	Age Groups		Less Than 1 Year 1 - 4 Years	34. 7 44. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0. 0	More Than 4 Years	20. 4
Day Services	No	Mental Illness (Org./Psy)	22. 4	65 - 74	4. 1		
Respite Care	No	Mental Illness (Other)	6. 1	75 - 84	26. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	44. 9	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	24. 5	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	2. 0			Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	4. 1		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	28. 6	65 & 0ver	100. 0		
Transportation	No	Cerebrovascul ar	14. 3			RNs	18. 8
Referral Service	No	Di abetes	16. 3	Sex	%	LPNs	6. 1
Other Services	No	Respi ratory	0. 0			Nursing Assistants	
Provi de Day Programmi ng for		Other Medical Conditions	6. 1	Male_	14. 3	Aides & Orderlies	48. 6
Mentally Ill	No			Female	85. 7		
Provi de Day Programming for			100. 0				
Developmentally Disabled ************************************	No ****	**********	*****	 ************	100.0	 ********************	*****

Method of Reimbursement

	Medicare (Title 18)		(Medicaid (Title 19)						Private Pay			Managed Care			Percent	
			Per Di ei			Per Die			Per Die			Per Dien			Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int Chilled Cone			¢0.00	1	9.6	¢190 46						\$0.00		0.0	\$0.00	1	9.00/
Int. Skilled Care	0	0.0	\$0.00	1	2.6	\$138.46	0	0. 0	\$0.00	0	0.0		0	0.0		1	2. 0%
Skilled Care	0	0. 0	\$0. 00	31	79. 5	\$116.05	0	0. 0	\$0. 00	7		\$136.00	0	0. 0	\$0. 00	38	77. 6 %
Intermedi ate				7	17. 9	\$93. 65	0	0.0	\$0. 00	3	30. 0	\$128.00	0	0. 0	\$0. 00	10	20. 4%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	t 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	0	0.0		39 1	00.0		0	0.0		10	100.0		0	0.0		49	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needing Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 4.2 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Baťhi ng 0.0 53. 1 46. 9 49 Other Nursing Homes 20.8 Dressi ng 14. 3 46. 9 38.8 49 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 24. 5 30.6 49 70.8 44. 9 22.4 42.9 34.7 49 0.0 Toilet Use 49 0.0 Eating 59. 2 26.5 14. 3 Other Locations 4. 2 Total Number of Admissions 24 Continence Special Treatments Receiving Respiratory Care Receiving Tracheostomy Care Percent Discharges To: Indwelling Or External Catheter 4. 1 4. 1 Private Home/No Home Health 12.0 Occ/Freq. Incontinent of Bladder 63. 3 0.0 Receiving Suctioning Receiving Ostomy Care Private Home/With Home Health 0.0 Occ/Freq. Incontinent of Bowel 34. 7 2. 0 Other Nursing Homes 0.0 4. 1 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 8.0 4. 1 Mobility Physically Restrained 4. 1 0.0 30.6 0.0 Other Locations 0.0 Skin Care Other Resident Characteristics 8. 2 Deaths 80.0 With Pressure Sores Have Advance Directives 95.9 Total Number of Discharges With Rashes Medi cati ons 0.0 Receiving Psychoactive Drugs (Including Deaths) 46. 9

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	Other Hospital-	Al l		
	Facility	Based Facilities	Facilties		
	%	% Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	98. 0	87. 5 1. 12	84. 5	1. 16	
Current Residents from In-County	83. 7	83. 6 1. 00	77. 5	1.08	
Admissions from In-County, Still Residing	66. 7	14. 5 4. 60	21. 5	3. 10	
Admi ssi ons/Average Daily Census	49. 0	194. 5 0. 25	124. 3	0. 39	
Discharges/Average Daily Census	51. 0	199. 6 0. 26	126. 1	0.40	
Discharges To Private Residence/Average Daily Census	6. 1	102. 6 0. 06	49. 9	0. 12	
Residents Receiving Skilled Care	79. 6	91. 2 0. 87	83. 3	0. 96	
Residents Aged 65 and Older	100. 0	91. 8 1. 09	87. 7	1. 14	
Title 19 (Medicaid) Funded Residents	79. 6	66. 7 1. 19	69. 0	1. 15	
Private Pay Funded Residents	20. 4	23. 3 0. 88	22. 6	0. 90	
Developmentally Disabled Residents	0.0	1.4 0.00	7. 6	0.00	
Mentally Ill Residents	28. 6	30. 6 0. 93	33. 3	0. 86	
General Medical Service Residents	6. 1	19. 2 0. 32	18. 4	0. 33	
Impaired ADL (Mean)*	55. 1	51. 6 1. 07	49. 4	1. 12	
Psychological Problems	46. 9	52. 8 0. 89	50. 1	0.94	
Nursing Care Required (Mean)*	6. 6	7. 8 0. 85	7. 2	0.93	